

TECH CENTER 1600/2900

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCE		Docket Number (Optional)	
BOARD OF FATERY AFFEATS AND INTERCENTER	327300 10171		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Box: AF, Commissioner for Patents, Washington D.C. 20231" on  Signature  Typed or printed THUR STACKSON	In re Application of		
	Chisari		
	Application Number		Filed
	08/854,825		May 12, 1997
	For		
	HEPATITIS C VIRUS-DERIVED		
	Group Art Unit Exa		xaminer
	1648	1	Parkin
Applicant hereby <b>appeals</b> to the Board of Patent Appearaminer.	eals and Interf	erences from th	e last decision of the
e fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ <u>310.00</u>	
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Commissioner has already been authorized Deposit Account. I have enclosed a duplicate contact of the commissioner has already been authorized to the commissioner has already been already been authorized to the commissioner has a commissio			ation to a
The Commissioner is hereby authorized to charge any overpayment to Deposit Account No. <u>04-04</u> copy of this sheet.			
A petition for an extension of time under 37 CFF	R 1.136(a) (PT	O/SB/22) is end	closed.
WARNING: Information on this form may be be included on this form. Provide credit card			
I am the			<b></b>
applicant/inventor.		-au	Elad
assignee of record of the entire interest.  See 37 CFR 3.71. Statement under 37 CFR 3.7 is enclosed. (Form PTO/SB/96)	S	ignature	
<u> </u>		Arthur E. Ja	ıckson
attorney or agent of record.			d or printed name
attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)		July 2 2001	
NOTE: Signatures of all the inventors or assignees of record of multiple forms if more than one signature is required, see below		or their representa	
□ *Total offorms are submitted.			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.